## Attachment A

## City of Ladue, Missouri

## Request for Access to Public Records Form (please type or print)

This application is also available in alternative format (e.g. large print Braille) by request.

Name of I	Person Making Request:		Date of Request:		
Contact Ir	nformation of Person Making Request:				
Address:	Telepl Home Work: Mobil	e: ()	  		
Public Re	cord(s) Requested (attach additional shee	t(s) if necessary):			
Check all	that apply:				
	ease let me know in advance of any search asert amount you are willing to pay without a				
	portions of the requested records are close ovide me with the rest of the records.	ed, please segregate	the closed portions and		
□Ir	equest to view the records but do not wan	t copies.			
fol	equest that the records responsive to my relationship address:		nd sent to me at the		
[P]	ayment of fees is required before mailing of r	esponsive records]			

Signature of Person Ma	king Request				
FOR CITY STAFF US	E ONLY				
To Be Completed by Co	ustodian of Rec	ords	or Designee		
Request No			Date Request R	eceived	
Search, Research, and I	Ouplication Sta	ff Cos	<u>sts</u>		
Staff	Rate (per hour)		Time Expended (1/10 of Hr.)	<u>Totals</u>	
Custodian/City Clerk	\$	X	hrs. =	\$	
Programming Staff (Records in electronic format)	\$	X	hrs. =	\$	
Specialized Duplication (Map, plats, blueprints, photos, etc.			aff (actual compensation) and customary level)	\$	
		TC	OTAL STAFF COSTS	\$	(a)
No. of pa	ages duplicated	1	x \$0/page =	\$	
Cost of spe	ecialized duplic	ation/	programming media =	\$	
	TOTA	L DU	PLICATION COSTS	\$	(b)
TOT			FOR DOCUMENT	\$	

<sup>1 &</sup>lt;sup>1</sup> If the request for access to public records is from a Ladue resident, the first ten (10) pages shall be duplicated at no charge to the resident per Section 9.C of the City's Open Meetings and Records Policy.